

WAUKESHA COUNTY EMPLOYEE BENEFITS HEALTH PROGRAM NOTICE OF PRIVACY PRACTICES

This notice describes how health information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Effective Date of Notice: April 14, 2003

Waukesha County is required by federal and state law to maintain the privacy of your Protected Health Information (PHI). The term “protected health information” includes all individually identifiable health information transmitted or maintained by a health plan regardless of form (oral, written, electronic, etc.).

We are also required by law to provide you with this notice of our legal duties and privacy practices concerning your PHI. For uses and disclosures not covered by this notice, we will seek your written authorization. You may revoke an authorization at anytime; however, the revocation will only affect future uses or disclosures.

This notice pertains to protected health information about you that Waukesha County may possess because it is a “health plan” under the Health Insurance Portability and Accountability Act (HIPAA). The County may possess this information because it provides health or dental insurance to you or because of the employee assistance program.

HIPAA requires that the County gives you certain information about the uses and disclosures that it can make of your protected health information for treatment, payment, and health care operations and for other purposes. HIPAA contains its own set of standards about these uses and disclosures. However, HIPAA also provides that if a state law is more protective of your privacy than are the HIPAA standards, state law applies. We believe that in some instances, the law of Wisconsin is more protective of your privacy than is HIPAA. On the other hand, HIPAA applies to and protects certain kinds of information that is not covered by Wisconsin law on patient health care records. For these kinds of information, HIPAA will be more protective of your privacy. Waukesha County is committed to following whatever legal standards give you the most privacy with respect to your health – related information.

Uses and Disclosures of Your Protected Health Information not Requiring Your Consent

Waukesha County may use and disclose your protected health information, without your written consent or authorization, for certain treatment, payment and healthcare operations of the Plan. The Plan may also disclose PHI to the Plan Sponsor (Waukesha County) for certain treatment, payment, and health care operations. There are certain restrictions on uses and disclosures of treatment records*, which include registration and all other records concerning individuals who are receiving, or who at any time have received services for mental illness, developmental disabilities, alcoholism, or drug dependence. There are also restrictions on disclosing HIV test results.

Treatment may include:

- Providing, coordinating, or managing health care and related services by one or more health care providers;
- Consultations between health care providers concerning a patient;
- Referrals to other providers for treatment;
- Referrals to nursing homes, foster care homes, or home health agencies.

For example, the Plan may determine that a second opinion is warranted, and it may contact a specialist and provide your PHI.

Payment activities may include:

- Activities undertaken by Waukesha County to obtain reimbursement for services provided to you;
- Determining your eligibility for benefits or health insurance coverage;
- Managing claims and contacting your insurance company regarding payment;
- Collection activities to obtain payment for services provided to you;
- Reviewing health care services and discussing with your insurance company the medical necessity of certain services or procedures, coverage under your health plan, appropriateness of care, or justification of charges;
- Obtaining pre-certification and pre-authorization of services to be provided to you.

For example, the Plan may provide pre-certification prior to your physician performing a procedure.

Healthcare operations may include:

- Contacting health care providers and patients with information about treatment alternatives;
- Conducting quality assessment and improvement activities;
- Conducting outcomes evaluation and development of clinical guidelines;
- Protocol development, case management, or care coordination;
- Conducting or arranging for medical review, underwriting activities, legal services, or auditing functions.

For example, the Plan may use your diagnosis, treatment, and outcome information to measure the quality of the services that we provide, or assess the effectiveness of your treatment when compared to patients in similar situations.

We may not disclose your protected health information to family members or friends who may be involved with your treatment or care without your written permission. Protected health information may be released without written permission to a parent, guardian, or legal custodian of a child; the guardian of an incompetent adult; the healthcare agent designated in an incapacitated patient's healthcare power of attorney; or the personal representative or spouse of a deceased patient.

There are additional situations when Waukesha County is permitted or required to use or disclose your protected health information without your consent or authorization. Examples include the following:

- As permitted or required by law

In certain circumstances, we may be required to report protected health information to legal authorities, such as law enforcement officials, court officials, or government agencies. For example, we may have to report abuse, neglect, domestic violence or certain physical injuries.

- For public health activities

We may release protected health information, with the exception of treatment records*, to certain government agencies or public health authority authorized by law, upon receipt of written request from that agency. We are required by law to report suspected child abuse and neglect and suspected abuse of an unborn child. We may release protected health information to the Food and Drug Administration when required by federal law. We may disclose protected health information for the purpose of reporting elder abuse or neglect, provided the subject of the abuse or neglect agrees, or if necessary to prevent serious harm. Protected health information may be released for the reporting of domestic violence if necessary to protect the patient or community from imminent and substantial danger.

- For health oversight activities.

We may disclose protected health information, including treatment records*, in response to a written request by any federal or state governmental agency to perform legally authorized functions, such as management audits, financial audits, program monitoring and evaluation, and facility or individual licensure or certification.

- Judicial and Administrative Proceedings

Protected health information, including treatment records*, may be disclosed pursuant to a lawful court order. A subpoena signed by a judge is sufficient to permit disclosure of all protected health information.

- For activities related to death

We may disclose protected health information, except for treatment records*, to a coroner or medical examiner for the purpose of completing a medical certificate or investigating a death.

- For research

Under certain circumstances, and only if the research meets the privacy law requirements, we may use and disclose your protected health information to help conduct research.

- To avoid a serious threat to health or safety

We may report a patient's name and other relevant data to the Department of Transportation if it is believed the patient's vision or physical or mental condition affects the patient's ability to exercise reasonable or ordinary control over a motor vehicle. Protected health information, including treatment records*, may be disclosed where disclosure is necessary to protect the patient or community from imminent and substantial danger.

- For workers' compensation

We may disclose your protected health information to the extent such records are reasonably related to any injury for which workers compensation is claimed.

- Business Associates

There are some services provided by Waukesha County through contracts with business associates. Examples include insurance consulting services, auditing services and actuarial services. When these services are contracted, your protected health information may be disclosed to the business associates so they can perform their jobs under the contract. These business associates must agree to safeguard your protected health information.

Uses and Disclosures Requiring Your Written Authorization

In all situations other than those described above, Waukesha County will not make any other use or disclosure of your protected health information without your written authorization. You may revoke such authorization at any time, except to the extent that Waukesha County has taken action in reliance thereon. Any revocation must be in writing.

Your Rights Regarding Your Protected Health Information

Right to Request Additional Restrictions

You are permitted to request that restrictions be placed on certain uses or disclosures of your protected health information by Waukesha County to carry out treatment, payment, or healthcare operations. You must request such a restriction in writing. We are not required to agree to your request, but if we do agree, we must adhere to the restriction, except when your protected health information is needed in an emergency treatment situation. In this event, information may be disclosed only to healthcare providers treating you. Also, a restriction would not apply when we are required by law to disclose certain protected health information.

Right to Inspect and Copy your Confidential Information

You have the right to review and/or obtain a copy of your protected health information, or information compiled for use (or in anticipation for use) in a civil, criminal, or administrative action or proceeding. Waukesha County may deny an access under other circumstances, in which case you have the right to have such a denial reviewed. We may charge a reasonable fee for copying your records.

Right to Receive Confidential Communications

You may request that Waukesha County send protected health information, including billing information, to you by alternative means or to alternative locations. You may also request that

Waukesha County not send information to a particular address or location or contact you at a specific location, perhaps your place of employment. This request must be submitted in writing. We will accommodate reasonable requests by you.

Right to Amend Your Records

You have the right to request that Waukesha County amend portions of your protected health information, as long as such information is maintained by us. You must submit this request in writing, and under certain circumstances, the request may be denied.

Right to Receive an Accounting of Disclosures

You may request to receive an accounting of the disclosures of your protected health information made by Waukesha County for the six years prior to the date of the request, beginning with disclosures made after April 14, 2003. We are not required, however, to record disclosures made in accordance with a signed consent or authorization.

Right to Receive a Paper Copy of This Notice

You may request and receive a paper copy of this Notice, if you had previously received or agreed to receive the Notice electronically.

Questions and Complaints

If you want more information about our privacy practices or have questions or complaints, please contact

Waukesha County Human Resources Division
Attn: Employee Benefits Administrator
1320 Pewaukee Road, Room 160
Waukesha, WI 53188
(262) 548-7044

You may also submit a complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

It is the policy of Waukesha County that no retaliatory action will be made against any individual who submits or conveys a complaint of suspected or actual non-compliance or violation of the privacy standards.

Waukesha County reserves the right to change the terms of this Notice and to make any new provisions effective for all protected health information that we maintain. We will provide individuals a Notice within sixty (60) days of making a material change to this Notice.

*"Treatment records" include the registration and all other records concerning individuals who are receiving or who at any time have received services for mental illness, developmental disabilities, alcoholism, or drug dependence which are maintained by the department, by county departments under s. 51.42 or 51.437 and their staffs, and by treatment facilities. Such records do not include notes or records maintained for personal use by an individual providing treatment services for the department, a county department under s. 51.42 or 51.437, or a treatment facility if such notes or records are not available to others.